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JOICFP NEWS

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Priority on Population for Vietnam

Japanese mission heeds call for economic cooperation in population and development

Members of the JPFP mission with Vietnamese leaders in Hanoi.

Members of a Japanese parliamentarian mission were impressed by the positive efforts being made by the government and people of Vietnam to promote community health care, particularly in the field of family planning (FP) and maternal and child health (MCH). In Vietnam from November 10-16, the five members of the Japan Parliamentarians Federation for Population (JPFP) were able to deepen their understanding of the population and development situation in Vietnam and strengthen ties with members of the counterpart Vietnamese population and development group. On return from the trip, delegation head, Hironori Inouye, reported their observations and impressions to Japanese Foreign Minister Michio Watanabe. Citing the recent resolution of the Cambodian issue, Inouye urged prompt government action to establish ties of economic cooperation between Japan and Vietnam.

During the trip, the JPFP representatives met with government officials and visited the field for first-hand observation of FP/MCH activities. At pilot areas of the Integrated Project (IP) in Long An Province and Thua Thien Hue Province, the parliamentarians viewed project activities and spoke with IP personnel and members of the community. The insights gained in the field trips left a deep impression on the parliamentarians who expressed admiration for the community people's commitment to the joint UNFPA/UNICEF/JOICFP project which is being implemented by the Ministry of Health of Vietnam.

Prominent Role for Women

Noting the high level of literacy in the country and the prominent role that women play in Vietnamese society, the mission members commended the lack of distinction between the roles of men and women in the community. The parliamentarians were also impressed with the way the people and government cooperate closely to achieve population and development goals.

During discussions in Hanoi with Dr. Nguyen Luc, standing vice chairman, National Committee for Population and Family Planning, Inouye commented on similarities between the active participation of Vietnamese women in community health promotion and the significant contribution that women made to improving community health in Japan in the post-war years. Impressed with the application of Japan's experiences in the IP areas, Inouye said he hoped that the IP would continue to expand.

In a meeting with President Vo Van Kiet, the president indicated a desire for an early start to economic cooperation between Japan and Vietnam. Such cooperation could also contribute to the further promotion of peace in the Asian region, he said. Agreeing on the need to normalize ties between the two countries, Inouye emphasized that Japan has much to offer Vietnam, especially in the field of FP/MCH, and pointed out the benefits that technical and financial support would bring to the population and development field.

While in Hanoi, the delegation also paid courtesy calls to Nguyen Thi Than, chairwoman, Commission for Health and Social Affairs; Le Quang Dao, chairman, National Assembly; Nguyen Thi Ngoc Phuong, vice president, National Assembly; and Dr. Pham Song, minister of health, and met with Hiroyuki Yushita, ambassador of Japan.

The four other members of the JPFP mission were Shogo Abe, vice chairman, JPFP; Shigenobu Sanji, vice chairman, JPFP; Shin Sakurai, director, JPFP; and JPFP member, Dr. Eimatsu Takakuwa. A suprapartisan group, the five members represented the five major political parties in Japan.

On return to Japan, the mission members said that the opportunity to visit Vietnam had strengthened their commitment to improving ties between the two countries.

Vietnamese President Vo Van Kiet (right) greets mission member Shin Sakurai as Japanese Ambassador Hiroyuki Yushita (left) looks on.

Field Observation

The highlight of the Japan Parliamentarians Federation for Population (JPFP) mission to Vietnam was the observation of community-based FP/MCH activities in pilot sites of the IP in Long An Province and Thua Thien Hue Province.

Initiated in June 1989, the IP in Long An Province has made rapid progress in the pilot district of Ben Luc and has recently been expanded to new pilot areas in Duc Hoa. Implemented by local steering committees comprising health and education representatives of the government and members of mass organizations such as women's associations and the Red Cross, the project utilizes local volunteers to promote the FP/MCH, health education, parasite control (PC) and environmental sanitation activities in three pilot communes in the district.

The project has continued to expand since its inception to cover a growing number of people in the pilot districts. Following IP implementation in Ben Luc in 1989, the FP practice rate rose markedly from 16.7% to 50.7%, as of June 1991, with the number of FP acceptors expanding from 551 in 1989 to reach 1,817 in 1991.

Education & Training

Fueled by the IP's education and training components, community participation in the project has continued to increase since its inception. The mission, which visited the home of one of the women volunteers, was impressed with the commitment of the women to improving the health and welfare of the community. The Japanese delegation also visited the Long An community health center where they were given an outline of the IP's progress in the province by the project director.

The JPFP team were introduced to all levels of project activities in Thua Thien Hue Province where they visited the Quang Phu commune in Huong Dien district. Since the IP was launched in June 1989, it has succeeded in raising the number of couples practicing FP from 125 to 436 as of 1991. In particular, the IP has contributed to significantly increasing the awareness of MCH in the commune and the participation of mothers in safe motherhood practices, immunization, infant health check-ups as well as growth monitoring. Awareness of environmental sanitation and safe drinking water has also spread under the project. At the commune health center, the Japanese team listened to a presentation on the project's progress by the chairman of the People's Committee which was followed up with a video on activities and achievements in the community. Produced by district and provincial personnel, the video on the Quang Phu IP was also broadcast in color nationwide by the national TV station.

(From left) Dr. Hironori Inouye, Shogo Abe, Dr. Eimatsu Takakuwa and Shigenobu Sanji at Quang Phu commune.

The Japanese mission hailed the community-based approach taken under the IP in the pilot areas they visited and noted the significant contributions that women make to project implementation. A Vietnamese parliamentarian who accompanied the mission said that she would like to start the project in Quang Tri, her home province located nearby, in the future.

Aging Project on Target

A two-person team concluded an evaluation of the four-year regional project on aging in Asia with recommendations that the project be continued to bring further benefits to programs being developed at the country level in the region. The team, which conducted the evaluation in the five countries of Indonesia, Malaysia, the Philippines, Singapore and Thailand from November 5-20, found that the UNFPA-supported project on "Creation of Awareness on Aging for Policy-making Purposes in the Asian Region" (1988-1991) had boosted awareness of aging issues and contributed to program development in the region.

Dr. John McCallum

Activities of the JOICFP-implemented project included two training sessions in Tokyo and one seminar in Singapore for administrators and program managers on the policy issues on aging; the development of educational materials such as the "Population Aging in Asia" booklet and slides; and the promotion of information and experience sharing among participating countries through training sessions and workshops.

To carry out their evaluation, Dr. John McCallum, senior research fellow, National Center for Epidemiology and Population Health, Australian National University, and Dr. Trinidad S. Osteria, fellow, Institute of Southeast Asian Studies, Singapore, reviewed project activities to assess the project's impact. Past participants were asked what applicable experiences they had gained and what could be done at the regional level to answer future needs in their countries. The team also visited UNFPA and related agencies to gather information on the aging issue prior to a debriefing/information-sharing session in Bangkok where they joined representatives of UNFPA Thailand Office, ESCAP and JOICFP.

Dr. Trinidad S. Osteria

In summing up their findings, the two evaluators called for the project to be continued to provide assistance to countries to develop their own programs in the future. The project had enabled the sharing of experiences and replication of activities within Asia, they said. Indonesia's decision to set aside a week for the elderly in December 1991 along the same lines as Singapore's annual campaign was noted as a positive example of the exchange of experiences in the field of aging. Another example pointed out by the team was Singapore's launch of a "Senior Citizen's Award Program" which comprises many of the features of a program in the Philippines. Urging a continuation of the project, the evaluators suggested that workshop and training activities in the future might take specific themes to answer particular needs in the region.

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Charting a Practical Course

APCO training course targets strategies for applying technical skills

Participants of the APCO training course expressed appreciation for the wide range of knowledge and skills provided by the course, held November 11-23 in Bangkok, Thailand. Along with the usual range of technical know-how offered in the curriculum, participants were provided with a thorough understanding of the concept and strategies of the Integrated Project (IP) to ensure that skills gained in the training are utilized fully to promote the IP at the grassroots of communities.

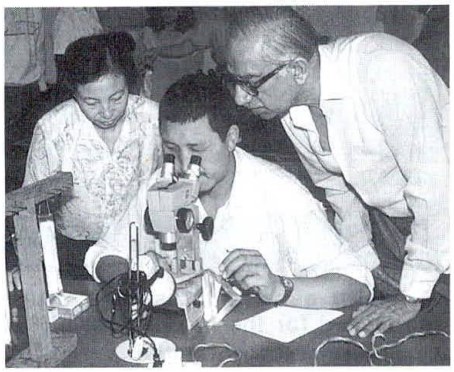
Organized by the Japan Parasite Control Association and Mahidol University, the 15th Asian Parasite Control Organization Training Course of the IP was attended by some 30 technical personnel from IP areas in eight IP-implementing countries. Project personnel attending the course were from Bhutan, India, Indonesia, Malaysia, Nepal, the Philippines, Sri Lanka, Thailand and Vietnam. This year marked the first time for Vietnamese and Indian participants to join the course.

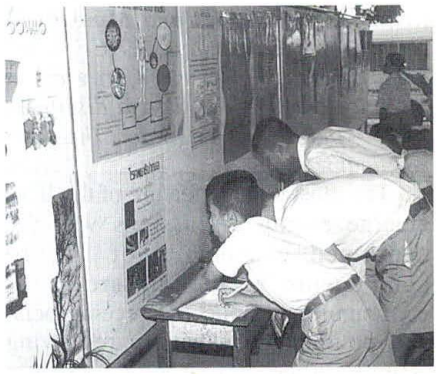
Response to the course contents was unanimously positive, with participants expressing interest in applying what they had learned in their countries. Participants agreed the course strengthened technical skills, while deepening understanding of the use of PC as a trigger to spark community enthusiasm for FP/MCH.

The curriculum included a mixture of presentations on such subjects as FP/MCH, health care management, environmental sanitation, primary health care, nutrition, IEC, health education and income generation. Two resource persons from Japan, Dr. Muneo Yokogawa, professor emeritus, Chiba University, and Takaaki Hara, director, Research and Study Department, Japan Association of Parasite Control, provided practical insights into improving IP implementation through PC.

Participants were able to hone their technical skills in the laboratory during the course and were given a chance to observe and take part in field activities in Tambol Taruer in Muang district, Nakhon Si Tammarat Province. At a primary school, participants also observed health and hygiene education activities and assisted in health check-ups for the children. More emphasis was placed on field activities than in previous years to ensure that participants understood the practical nature of their newly acquired knowledge and skills and the effectiveness of applying them in the field to achieve the ultimate FP/MCH goals of the IP.

During group discussion sessions, participants expressed satisfaction with the practical tone of the course and noted that they had also shared many applicable experiences and much information with each other. In particular, the opportunity for TCDC (technical cooperation between developing countries) had encouraged the Nepalese participants to consider setting up a school health program along the same lines as the Indonesian program being conducted in Jakarta under the IP.





(Top, left & right) Participants brush up health check-up and health education techniques. (Bottom, left) The Vietnamese, Bhutanese and Indian participants learn laboratory skills. (Bottom, right) School children study IEC materials.

On-the-job Training

Following the APCO Training Course, Takaaki Hara, director, Research and Study Department, JAPC, took to the field for three days from November 25-27 to pass on some practical skills to IP staff in Bangkok, and Pitsanulok and Chiang Rai provinces. Providing intensive, on-the-job training in everyday skills to a total of 15 IP staff including six laboratory technicians, Hara pointed out simple ways to refine procedures to make services more cost-effective and contribute to the project's self-reliance. In assessing progress being made in the IP areas visited, it was noted that further efforts should be put into improving collaboration between the government and non-governmental organizations in community-based health activities, particularly in health education.

MCH Handbook

The role that the Maternal and Child Health (MCH) Handbook played in dramatically reducing the infant mortality rate in Japan in the post-war years impressed eight participants of the "Group Training Course in Countermeasures for the Improvement of Infant Mortality Rate" sponsored by the Japan International Cooperation Agency (JICA). The group gained insights into the use of the booklet-style health record during a half-day seminar at JOICFP. Prior to the visit, the team spent time with Dr. Eikichi Matsuyama, former executive director, Japan Association for Maternal Welfare, at the Kosei Nenkin Hospital where they observed the handbook being utilized. Matsuyama, who supervised the English translation of the booklet, gave an overview of its development. Participants were from Brazil, Colombia, Costa Rica, Indonesia, Mexico, Nigeria and Peru.

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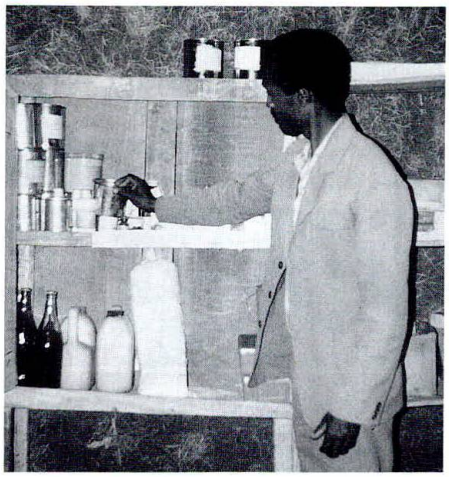
Embracing the Community Spirit

Ethiopian Integrated Project wins overwhelming approval at grassroots

Following the political transition that took place in Ethiopia in July 1991, a meeting was held in Addis Ababa on October 29 to determine future directions of the Integrated Project (IP). Attended by representatives of UNFPA, the Office of State Committee for Foreign Economic Relations (OSCFER) and Ministry of Health of Ethiopia and JOICFP, the tripartite meeting reviewed progress in the pilot areas of the IP and discussed future perspectives under the new political situation.

The most notable feature of the IP to emerge during discussions was the continued acceptance of the IP components at the grassroots of communities despite the recent social and political upheaval. In reviewing activities in pilot areas, it became apparent that significant progress had been made in pilot areas amid the political transition, demonstrating the community orientation of the project. Following the change of government, "peace and stability committees" were established in all villages throughout the country.

Mesert Seifu is 15 years old. Before the well was dug in her village of Ejersa Koji in Ethiopia under the IP, she would spend at least three hours of every morning before going to school in the afternoon walking 1.5km to the river to fetch three pots of water to be used for drinking and cooking by the 13 members of her family. In the evenings animals drink at the riverside and soil the water, making river water undrinkable. The new 10m deep well, she explained, has considerably eased her burden and that of the other women in the village. It now takes only 5 minutes to fetch water from the well supervised by the "sub-village" leader. In the neighboring IP village of Obi Oseli, a vendor charged the community people 0.10 birr (US$0.05) for a jar of water prior to a well being dug.



A health assistant displays drugs purchased for the health post in Obi Oseli with a revolving fund.

Composed of key community people such as village leaders, these committees have fit in well with the IP concept of community participation and have helped bolster the already strong support shown by people at the grassroots for the project.

During the meeting in Addis Ababa, participants discussed results of surveys carried out in two IP areas. Conducted in October 1991, the survey in the urban area in Addis Ababa showed that the contraceptive prevalence rate (CPR) had increased from 26% to 38% in one year. In the rural area in Wonchi District, West Shoa Administrative Region, the survey revealed that the CPR had increased from 0.95% to 10% in a year. Compared to the national CPR average of only 4%, the results indicated that the communities have been responding to the IP messages.

Incorporating the IP

The flexible nature of the IP has continued to be well-suited to the Ethiopian situation where it accommodates existing family planning (FP) and maternal and child health (MCH) programs of the government. The project also reinforces the position of government community health agents (CHAs) working in urban and rural areas, as well as community health assistants in rural areas.

In urban areas, the CHAs have eight responsibilities: mobilizing people for the immunization and environmental sanitation campaign; data collection on social and economic indicators; distribution of condoms for AIDS; health education; registration of vital statistics; oral rehydration therapy (ORT); reporting to the district health management; and growth monitoring. For the rural health assistants attached to health posts, the five responsibilities entail: resupply of oral contraceptives; supply of condoms; referrals to clinics for IUDs and sterilization; counseling on FP; and immunization. Meanwhile, the CHAs in rural areas are responsible for: treating minor ailments and endemic diseases; antenatal screening and reporting of high-risk pregnancies; as well as mobilizing people to receive immunization and education on sanitation, safe drinking water, personal hygiene, and the prevention of sexually transmitted diseases.

Sharing Components

In all pilot areas, the IP embraces deworming campaigns; hygiene and environmental inspections; nutrition education; anthropometric measurement and analysis; resupply of the pill and supervision of CHAs and traditional birth attendants (TBAs). By sharing most of the same components, the IP supports the fields of responsibility of existing community health workers to reinforce their activities.

Another feature of the IP that has won overwhelming support among community people is the establishment of revolving funds for essential drugs which are often scarce in communities. The funds, set up with an initial injection of "seed" money, are maintained through a fee-charging system for drugs, which not only strengthens the project financially, but gives the community people more confidence to have some say in the type and quality of the drugs and services they receive. Service providers are thus encouraged to respond to community needs and promote health education. The community people are charged only 25% more than the cost price of the drugs under the scheme in comparison to the 50-100% profit margin of commercially sold drugs. In the rural IP area, 150 birr (US$73) has been generated for the project since its start, a large sum when compared to Ethiopia's per-capita GDP (US$115).

After the UN Decade for Women

UNIFEM aims to give women's work the credit and benefits it is due

Sharon Capeling-Alakija, director, UN Development Fund for Women (UNIFEM), spoke at a press conference organized by the Japanese Prime Minister's Office on November 26 in Tokyo. Below is an outline of her presentation and an interview conducted with JOICFP NEWS on the same day.

We are in a world where the number of poor people is growing more rapidly than ever before. The number of women among these poor is growing more rapidly than ever before.

Despite the fact that in developing countries one-third of all households entirely depends on the woman for income, women earn, own and control less than men. And despite all the work that has been done in the 15 years since the 1975 conference on women in Mexico City the situation — working and living conditions — of women in developing countries is worse than in 1975.

UNIFEM is one of the few parts of the UN system that actually grew out of a social movement — the women's movement. It was created not only to provide resources, but to give an international voice to the visible contributions women make to families, communities and societies. UNIFEM was originally created as a fund for the 1975-1985 decade. People then believed that with a fund and after a decade for women we'd see changes in values, equality, development and peace. But by 1985, it became obvious that it would take a lot longer to change the world.

Unconventional Wisdom

"UNIFEM was founded on what once was an unconventional belief in women's capacity for leadership, for taking control of their own lives and for influencing in a positive way their families communites and nations," said Sharon Capeling-Alakija, director, UNIFEM, in a keynote speech to the Yokohama Women's International Seminar '91 on November 23. "Every project UNIFEM finances attempts to bring visibility to women's productive and decision-making capabilities," she said. A one-day seminar held in Yokohama, the event featured presentations and discussions on the theme of "Women in Development". Attended by some 300 people, the seminar was organized by the Yokohama Women's Association for Communications Networking with the support of the Yokohama City Board of Education and Yokohama Association for International Communications and Exchanges.

The conditions of women in developing countries have worsened since 1975. (Photo) Women at work in Sri Lanka.

Large Mandate

The mandate that UNIFEM was given in 1985 was firstly, to directly support the economic activities of women living in developing countries; secondly, to support activities that will enable women to participate in and benefit from mainstream development activities; and thirdly, advocacy — to take the experiences of UNIFEM, get them documented and disseminate the findings. We're a small organization with a very big mandate. It means that we have to take our small funds and pay big dividends.

Some time ago, we realized that UNIFEM had to be more of a catalyst to ensure that big donors used their money more effectively for women. With their resources, maybe we could reach more women. About 40% of UNIFEM's programs are executed by non-governmental organizations (NGOs), mainly those of developing countries where they exist, and also by some international organizations. If you want to reach women, one of the most effective ways is through NGOs.

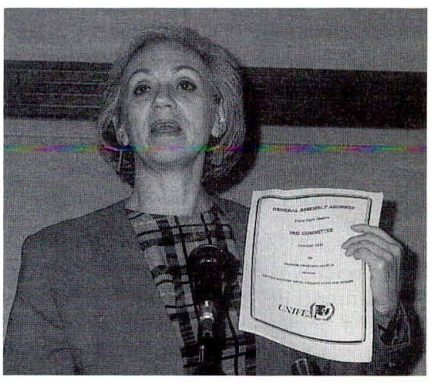
We have found that it is important to take a practical and strategical approach. Simply going in and doing something for the people in the short-term seems to work, but in the long-term the project will eventually collapse. For women, this sort of project approach may even undermine their position and control. What I learned from 20 years of working in NGOs at the grassroots is that you could work and be a success at that level for 10 years. Then in a capital city, a trade agreement or policy could be signed that would render that work for 10 years useless. So, we had to find some way to help policy-makers understand how their policy affected people at the grassroots. We also had to make women at the grassroots understand how these policies could affect their lives.

We have chosen two sectors that we consider the most strategic to women's development in developing countries: agriculture and trade and industry. In agriculture, our primary focus is food security at all stages: planting, storage and market distribution. In trade and industry, we focus on micro-enterprises where we find many women involved.

So little is being done in developing countries to produce appropriate technologies to reduce the drudgery of women. When equipment such as water pumps is brought in, women are rarely trained in repair technologies. Women have a vested interest in ensuring that the pump works. Nothing changes in men's lives if the pump breaks, but a lot changes in women's lives.

The whole concept of women in development (WID) was a rejection of the trickle-down theory of development. We discovered that development did not only have a neutral effect on women, but often had a negative effect on them. So, my understanding of WID was to begin to change the way development occurs so that women not only benefit from it, but participate actively in it.

It is highly desirable that men and women work together. We cannot exclude men because the power is in their hands. The women's movement learned that both women and men have to see the importance of change for reasons of ethics and efficiency. Women are also not necessarily gender-aware.



Sharon Capeling-Alakija

Founded on a Social Movement

Hoken Kaikan Group marks 45 years of answering health and development needs in the community

The Hoken Kaikan Group celebrated 45 years of history on November 28. Comprising nine non-governmental organizations (NGOs), but linked to a great many more through a well-established nationwide network of preventive medicine, family planning (FP) and maternal and child health (MCH) organizations, the group today is a model of self-reliance and successful community health services.

From its beginnings as a community-minded group led by Chojiro Kunii, the Hoken Kaikan Group has continued to respond to community needs with innovative services geared to improving the health and well-being of families and individuals. Hence, the group has continued to grow and expand from its initial orientation as a cooperative movement, to an organization engaged in parasite control (PC), FP/MCH, preventive medicine and more recently, international cooperation.

In the field of FP/MCH, the Hoken Kaikan Group includes the Family Planning Federation of Japan, established in 1954; the Japan Family Planning Association (JFPA), established in 1954; the Federation of Japan MCH Centers, established in 1963; and the MCH Promotion Council, established in 1971. The group members in the preventive health field include the Japan Association of Parasite Control, established in 1957; the Japan Association of Health Service, established in 1966; and the Tokyo Health Service Association, established in 1967.

(From left) Dr. Halfdan Mahler, executive secretary, IPPF, with JOICFP Chairman Chojiro Kunii.

Nationwide Network

The group also embraces a network of 33 branches of the Japan Health Service Association and a staff of 4,000. For JOICFP, which was established as part of the Hoken Kaikan Group in 1968, this extensive network represents vast human and material resources to support its FP/MCH and primary health care activities conducted under the Integrated Project in developing countries.

The roots of the group can be traced to the producers' cooperative movement established in 1946 in the grim post-war years. One of the movement's prominent leaders was Hoken Kaikan Group Chairman Kunii. Under the theme of "All for one and one for all", the movement caught on as a community enterprise system but faltered within three years amid the soaring inflation that marked Japan's early recovery from war. Alerted to the high incidence of parasite infection among the Japanese population (80%), Kunii turned from the cooperative movement to focus his energies on PC. He established the Tokyo Parasite Control Association in 1949, the forerunner of the Hoken Kaikan.

By the 1950s, another serious social problem caught Kunii's attention. In the absence of FP and faced with a grossly inadequate socio-economic situation, women were turning to induced abortion in alarming numbers. In 1955 alone, official records indicate that 1.17 million abortions were conducted. Japan's total population at this time was 89 million and the number of live births reported that year was 1.73 million. Recognizing the serious threat that abortion posed to women's health, Kunii sought to establish a system to give women access to FP. He set up the JFPA in 1954 under the principle of "Every child should be a wanted child".

Meanwhile, PC activities continued to expand, while services diversified. Through the activities of the group the effectiveness of mass health examinations and mass treatment were accepted in Japan and preventive medicine became an integral part of Japan's health care system. A key factor in the success of the Hoken Kaikan Group was the close collaborative ties the group established with government at the central and local levels and with community organizations which provided volunteer support for community-based health activities.

New Publication

Coinciding with the 45th anniversary of the Hoken Kaikan Group, JOICFP Chairman Chojiro Kunii reviews the 45 years of the group's activities in a book titled "Japan — a Country of Longevity. It All Began with Parasites". Written in Japanese, the essays, articles and poems contained in the hard-cover volume are attractively laid out with photos of MCH/FP and preventive health activities past and present. The contents span the years since WWII and take in the short-lived cooperative movement in the post-war years, PC, preventive health and FP activities and conclude with a section of new challenges in population problems, world peace and international cooperation.

45 Years of History

The Hoken Kaikan Group celebrated its 45th anniversary with a reception in Tokyo on November 28. Many of Japan's pioneers in FP/MCH and preventive health were among the 400 guests. In a speech to the reception, Dr. Halfdan Mahler, secretary general, IPPF, remarked on his long association with the Hoken Kaikan Group and said that the unique activities of the group of independent NGOs and its rich experiences can contribute greatly to improving the way of life in developing countries, especially in the field of community health and welfare within communities.

Shidzue Kato

In a message to the reception, Takeo Fukuda, former prime minister of Japan and president, JOICFP, commented on the initiative of JOICFP Chairman Chojiro Kunii which enabled the formation of the NGO group. He said that the Hoken Kaikan Group has not only done much for people's health in Japan but is also contributing to development and health programs abroad.

Shidzue Kato, president, Family Planning Federation of Japan (FPFJ) also paid tribute to Kunii's drive and contribution to the FP movement in Japan and abroad and encouraged him to continue with his efforts.

Options in the Era of Low Fertility

MCH/FP conference studies choices for Japan as aged society looms

Around 2,000 participants representing 47 prefectures across Japan turned out for the National Convention of Maternal and Child Health (MCH) and Family Planning (FP) in Oita City, Oita Prefecture, Kyushu, held November 14-15. Drawn from government and non-governmental sectors, participants included MCH/FP administrators, doctors, midwives, public health nurses and members of the press. The two-day event comprised presentations and discussions under the theme of "MCH in the era of low fertility". Focusing on "The community's role in caring for the children of the future", participants sought to establish a new direction for MCH/FP in Japan reflecting present and future realities.

The 26th such gathering, the MCH/FP conference was first held in 1965 when MCH and FP was officially integrated in government policy with the enactment of the MCH Law. Prior to 1965, a national FP conference was held annually. The Oita conference was

Oita Governor Morihiko Hiramatsu addresses the conference.

organized under the joint auspices of the Ministry of Health and Welfare, Oita prefectural government, the Family Planning Federation of Japan (FPFJ) and the Boshi Aiiku Kai.

In a message to the conference, Shidzue Kato, president, FPFJ, stressed that the choice of whether to give birth to a child or not was an individual one. It is not the government's place to make such decisions, she said. Urging global action, Kato explained that Japan has rich experiences in MCH/FP which it should share with developing countries. She said that the FP movement contributed significantly to Japan's development and these experiences are applicable in other countries. It is Japan's duty to contribute to solving the very serious population problems around the world, she said.

Oita Prefecture is one of a growing number of prefectures in Japan where local governments and the private sector have initiated activities to head off the effects of a falling birthrate and outward migration. Forty-seven out of 48 municipalities in the prefecture have launched incentive schemes to encourage women to have children. Among the incentives are free medical care for children under 3 years of age, free hospital baby deliveries and financial dividends for childbirth and even marriage. "To vitalize our community, each family needs to have at least two babies," said Morihiko Hiramatsu, governor, Oita Prefecture.

Marriage Losing Its Appeal

Dr. Naohiro Ogawa, professor, Nihon University, was the keynote speaker at the National Convention of MCH/FP in Oita City. A former member of ESCAP, Ogawa spoke on "Low Fertility and the Super-fast Aging Society". Below are highlights of his presentation.

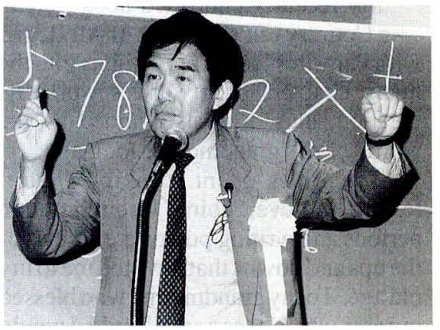
In 1989, Japan's total fertility rate (TFR) was 1.57. In 1990, the figure had plunged to 1.53. The falling birthrate has become a social issue and is now receiving a great deal of attention from policy-makers. In 1947, the TFR was 4.54. Ten years later in 1957, it had been halved to mark 2.04. Today, the TFR for every 47 prefectures of Japan is under 2. Even the prefecture with the highest birthrate, Okinawa, still records a TFR of only 1.91. On a world scale, Japan's TFR is very low and not far behind the the two countries with the lowest rates: Italy with 1.29 and Spain with 1.30.

According to a poll conducted by a major newspaper regarding the so-called "new single" (unmarried) phenomenon, some 43% of men and 54% of women indicate that they think a single lifestyle is preferable. Among women in their 20s, three out of four say that they prefer a single lifestyle. I anticipate that this trend will continue and foresee the number of women intending to remain single permanently hitting 13% in the future.

Young women are seeking a higher education and want to participate more actively in the work force. Today, 37% of women and 35% of men enroll in higher education institutions. Women are marrying later and taking a more active role in business. Naturally, the birthrate is falling in response to these changes.

There are three basic periods of hardship for women having children. For mothers in their 20s, there is the great physical hardship involved in raising children. For mothers in their 30s, there is the stress of getting children through their school entrance exams. For mothers in their 40s, there is the great financial burden of paying for their children's higher education. It is for these reasons that women are choosing to regulate the number of their children.

Many municipalities have announced countermeasures in response to the falling birthrate. What both enterprises and the government should not overlook is the



Dr. Naohiro Ogawa

importance of creating an environment conducive to rearing children.

The Japanese society is aging rapidly. Just six years ago in 1985, there were two children for every aged person in our society. Now the ratio is one to one. Japan will be the nation with the largest proportion of aged people by the year 2000 when people over 65 years of age will account for 17% of the population.

Values are changing and it is not easy to increase the birthrate. What we can do is create a positive environment for child rearing. We also must consider how to care for the aged within families and society. I suggest that we reconsider the age of 65 as the retirement age. We must take a longer-term view of this society and plan realistically for our future.

Voice of Voices
By Chojiro Kunii

The Story of Ears

When I was a small child, my grandmother said to me, "Your ears are very good ears. They show me that when you grow up, luck will come to you."

Now that I am past the age of 70, I sometimes wonder if what she said to me decided my fate. When I failed my initial university entrance examination, and later when I had to go to war, I could always hear my grandmother's words in the back of my mind, "Everything is going to be all right." Even during the desperate postwar days and when my hopes for the producers' cooperative movement were dashed, I could still hear those words. When I entered the unique field of parasite control. She whispered, "You are going to make this your career."

From the cooperative movement to the parasite control movement, the twists and turns which my work took were hardly those of a conventional career. But since then, the course has followed the more reasonable direction of preventive health to family planning and on to international cooperation. With my youth well and truly behind me now, I think I can safely graduate from life.

My recently published book "Japan — a Country of Longevity. It All Began with Parasites" provides insights into the many chapters of my life's work. Its creation, thus, was also guided by the words of my grandmother long ago.

The times spent drinking liquor, falling in love, going through tough periods and writing poems are all part of the ups and downs that have led me to my old age. To my grandmother who blessed my ears when I was a small child, I would now like to say thank you.

Students of Showa Joshi Daigaku High School focused on world population for a display set up for the public during the school's festival on November 11. Featured in the display were various UNFPA and JOICFP publications on population and development as well as UNFPA's World Population Clock.

ANNOUNCEMENT

The Fourth Women's Workshop for Community Health will be held as follows:

Date: February 3-7,1992
Venue: Oaxaca, Mexico
Organizers: Mexican Family Planning Foundation (MEXFAM), UNFPA, IPPF and JOICFP
Participants: Representatives of governments and/or NGOs from Bolivia, Brazil, Colombia, Ecuador, Guatemala, Mexico, Nicaragua, Jamaica, Paraguay and Peru, and international agencies
Objectives: 1)To review progress of activities conducted under the "Plan of Action" approved in the third workshop and to discuss the findings of the independent evaluation; 2) to discuss social and health conditions of young women; 3) to propose strategies to enhance the social and health conditions of young women, particularly IEC material and training manual strategies.

Note: Self-funded observers are welcome to attend the workshop. For further information, please contact JOICFP.

JOICFP MATERNAL AND CHILD HEALTH SERIES

ANIMATION FILM

RINA'S DREAM

20min/color, English

A moving story in animation featuring a midwife whose dedication results in the spread of a village movement for the improved health of mothers and children.

DOCUMENTARY NEW FILM

SONG OF TOMORROW AT KILIMANJARO

32min/color, English

The maternal & child health movement began in Masama on the slopes of Kilimanjaro, Tanzania, involving the whole village joined by midwives, girl volunteers and the religious group.

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DIARY

JOICFP counsellor, Dr. **Michio Hashimoto**, and Program Officer Ryoichi Suzuki attended the Seminar on Collaboration between Government and NGOs for Maternal Health and FP Programs, held in Yogyakarta, Indonesia, from Oct. 7-12.

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Dr. **Shigeo Hayashi** accompanied JOICFP Deputy Executive Director Shin-ichi Yagi, program officers Sumie Ishii and Hideyuki Takahashi and staff member Fumiharu Sato to the Third Pan-African Conference on the IP, held Accra, Ghana, from Oct. 15-22. Following the conference, Yagi, Ishii and Sato visited IPPF Headquarters in London, England, on Oct. 24-25, and Takahashi visited Ethiopia to attend the tripartite meeting for the IP from Oct. 24-30.

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Dr. **Hirofumi Ando**, director, Information and External Relations Division and **Jyoti Singh**, director, Technical and Evaluation Division, UNFPA, visited JOICFP while in Japan from Oct. 15-23.

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Raheem Sheikh, chief, Asia and the Pacific Division, UNFPA, visited JOICFP on Oct. 16-17 to exchange information.

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Hugh O'Haire, information officer, Information and External Relations Division, UNFPA, was in Japan from Oct. 20-23 to collect information on the bicycle and sewing machine assistance project.

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Eight nurses from Taiwan, China, attended a half-day seminar on the IP at JOICFP on Nov. 1.

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Eight representatives of eight JICA FP project-implementing countries attended a half-day IP seminar at JOICFP on Nov. 5.

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